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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Family Physicians Political Action Committee 2021 Massachusetts Avenue, NW ADDRESS (number and street) Check if different than previously DC 20036 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00411553 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2008 04 3 0 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Randell K. Wexler, MD Type or Print Name of Treasurer Electronically Filed by Randell K. Wexler, MD 05 20 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Academy of Family Physicians Political Action Committee D D " D 0.4 0 1 2008 0.4 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 235731.96 January 1 (b) Cash on Hand at 205393.56 Begining of Reporting Period 50057.39 161708.49 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 255450.95 397440.45 6(a) and 6(c) for Column B) 49627.66 191617.16 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 205823.29 205823.29 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

^Y 0 0 8

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) li	butions (other than loans) From:		
	Than Political Committees i) Itemized (use Schedule A)	20537.41	104537.41
(ii) Unitemized	28556.14	54901.12
(1	iii) TOTAL (add Lines 11(a)(i) and (ii)	49093.55	159438.53
(b) F	Political Party Committees	0.00	0.00
(:	Other Political Committees such as PACs)	0.00	0.00
1	otal Contributions (add Lines 1(a)(iii),(b) and (c)) (Carry otals to Line 33, page 5)	49093.55	159438.53
	fers From Affiliated/Other Committees	0.00	0.00
3. All Lo	ans Received	0.00	0.00
4. Loan l 5. Offset	Repayments Receivedts To Operating Expenditures	0.00	0.00
(Refui (Carry	nds, Rebates, etc.) 7 Totals to Line 37, page 5)	963.84	2269.96
to Fed	deral candidates and Other al Committees	0.00	0.00
	Federal Receipts ends, Interest, etc.)	0.00	0.00
	sfers from Non-Federal and Levin Funds		
` '	on-Federal Account from Schedule H3)	0.00	0.00
(b) Le	evin Funds (from Schedule H5)	0.00	0.00
(c) To	otal Transfer (add 18(a) and 18(b)).	0.00	0.00
	Receipts (add Lines 11(d), 3, 14, 15, 16, 17, and 18(c))	50057.39	161708.49
	Federal Receipts act Line 18(c) from Line 19)	50057.39	161708.49

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

(i) Federal Share.....

(ii) Non-Federal Share.....

Expenditures.....

II. DISBURSEMENTS

21. Operating Expenditures:
(a) Shared Federal/Non-Federal
Activity (from Schedule H4)

(b) Other Federal Operating

(c) Total Operating Expenditures

of Disbursements Page 4 COLUMN A **COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 0.00 0.00 627.66 2117.16

(add 21(a)(i), (a)(ii) and (b))	627.66	2117.16
,	0.00	
Contributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	49000.00	189500.00
(use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	49627.66	191617.16
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	49627.66	191617.16
	Independent Expenditure (use Schedule E)	Independent Expenditure (use Schedule E)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	49093.55	159438.53
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	49093.55	159438.53
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	627.66	2117.16
37.	Offsets to Operating Expenditures (from Line 15, page 3)	963.84	2269.96
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-336.18	-152.80

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 34 (check only one) X 11a
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physicia	ans Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Charles Albert Ball, MD			Date of Receipt
	Mailing Address Maury Regional Hospit 1224 Trotwood Ave	tal		04 18 2008
	Columbia	State	Zip Code	Transaction ID: C411942
	Columbia FEC ID number of contributing federal political committee.	C	38401-4802	Amount of Each Receipt this Period 360.00
	Name of Employer Maury Regional Hospital	Occupation Medical		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00	
	Full Name (Last, First, Middle Initial) Thomas E Bat, MD	1		Date of Receipt
	Mailing Address North Fulton Fam Med 3400 Old Milton Pkwy	04 24 2008		
	City	State GA	Zip Code	Transaction ID: C415506
	Alpharetta FEC ID number of contributing federal political committee.	C	30005-4414	Amount of Each Receipt this Period
	Name of Employer North Fulton Fam Medicine PC	Occupation Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Stephen Douglas Benold, MD	1		Date of Receipt
	Mailing Address 105 Tanksley Cir			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C409631
	Georgetown FEC ID number of contributing federal political committee.	C	78628-5320	Amount of Each Receipt this Period 365.00
	Name of Employer Williamson County Texas	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
		1		1725.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 34 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physic	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Nicholas P Bernier, MD Mailing Address 523 N 3rd St City Brainerd	State MN	Zip Code 56401-3054	Date of Receipt 0 4 2 3 2 0 0 8 Transaction ID: C415004 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer St. Joseph Medical Center Receipt For: Primary Other (specify) ▼	Occupation Physician Aggregate]
Full Name (Last, First, Middle Initial) Kathleen A Bliese, MD Mailing Address Employers Health Control 908 N Howard Ave State City		Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Grand Island FEC ID number of contributing federal political committee.	C	68803-3529	Amount of Each Receipt this Period 365.00
Name of Employer Employers Health Care Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		
Full Name (Last, First, Middle Initial) Wesley G Bradford, MD Mailing Address 5122 Oconto Ave			Date of Receipt
City Rancho Palos Verde FEC ID number of contributing federal political committee.	State CA	Zip Code 90275-3733	Transaction ID: C410000 Amount of Each Receipt this Period 250.00
Name of Employer Southern California Permanente Medical Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		
SUBTOTAL of Receipts This Page (optional)	<u> </u>		980.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using t	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) American Academy of Family Physic	cians Political Action Committee	
Full Name (Last, First, Middle Initial)		2. (2. (
Mailing Address Exec Vice Pres - Mailing Address PO Box 1406	ssAFP	Date of Receipt M M D D D Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C415504
Manchester	MA 01944-0851	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Massachusetts Academy of Family Physic	Occupation Chapter Exec	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) David Adam Carlyle, MD		Date of Receipt
Mailing Address PO Box 3014		04 23 7 9 9 8
City	State Zip Code	Transaction ID: C415175
Ames	IA 50010-3014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Family Medicine East	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Patrick T Courneya, MD		Date of Receipt
Mailing Address 2450 Dunlap St N		04 11 2008
City	State Zip Code	Transaction ID: C410030
Saint Paul	MN 55113-3222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Health Partners	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
		3300.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/34 (check only one) X 11a
or for commerci	al purposes, other than using the	tatements ma name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	OMMITTEE (In Full) Academy of Family Physicia	ans Political	Action Committee	
John Howard	· · · · · · · · · · · · · · · · · · ·			Date of Receipt
	ess Family Medicine Cente PO Box 987	er PLLC		04 22 2008
City Flatwoods		State KY	Zip Code 41139-0987	Transaction ID: C414224 Amount of Each Receipt this Period
FEC ID num	ber of contributing cal committee.	C	41100 0007	84.00
Name of Em Family Medic PLLC	ployer cine Center,	Occupation Physicia		
Receipt For: Primar Other (y General specify) ▼	Aggregate	e Year-to-Date ▼ 336.00	
Dennis M Din				Date of Receipt
Mailing Addr	Mailing Address 295 Lincoln St Ste 204			04 11 2008
City		State	Zip Code	Transaction ID: C410014
	ber of contributing cal committee.	C	01605-3639	Amount of Each Receipt this Period 365.00
Name of Em Self Employe	ployer ed	Occupation Physicia		
Receipt For:	O am arral	Aggregate	e Year-to-Date ▼	
Primar Other (y		365.00	
Full Name (L Thomas Allen	ast, First, Middle Initial) Felger, MD			Date of Receipt
Mailing Addr	ess 51181 Kings Xing			04 23 2008
City		State	Zip Code	Transaction ID: C414902
	ber of contributing cal committee.	C	46530-8812	Amount of Each Receipt this Period 400.00
Name of Em Self Employe	ployer ed	Occupation Physicia		
Receipt For: Primar Other	y General specify) ▼	,	e Year-to-Date ▼ 400.00	
CURTOTAL	Receipts This Page (optional)			849.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 34 (check only one) X 11a
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Bob Kelly Felty, MD			Date of Receipt
	Mailing Address 126 Vintage Dr			04 01 2008
	City Waxahachie	State TX	Zip Code 75165-6510	Transaction ID: C407648 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	73103-0310	300.00
	Name of Employer Midlothian Family Medicine	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Richard M Fruehling, MD			Date of Receipt
	Mailing Address Suite 400 2116 W Faidley Ave	0 4 1 5 2 0 0 8		
	City	State	Zip Code	Transaction ID: C410546
	Grand Island	NE	68803-4696	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Family Practice of Grand Island	Occupation Family Pl		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Susan J Gallo, MD			Date of Receipt
	Mailing Address HC 30 Box 8180			0 4 1 5 2 0 0 8
	City	State	Zip Code	Transaction ID: C410609
	Miles City FEC ID number of contributing	MT	59301-9702	Amount of Each Receipt this Period
	federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	SUBTOTAL of Receipts This Page (optional)			1030.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Benorts a	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 11 / 34 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD		Date of Receipt
Mailing Address 1600 Providence [Or	0 4 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C414227
Waco	TX 76707-2261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Family Practice Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Thomas David Greer, MD		Date of Receipt
Mailing Address PO Box 360		04 22 2008
City	State Zip Code	Transaction ID: C414401
<u>Henrietta</u>	TX 76365-0360	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	730.00
Name of Employer T. David Greer and Associates	Occupation Physician	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	
Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD		Date of Receipt
Mailing Address 1305 W 18th St PO Box 5039		04 / 22 / 2008
City	State Zip Code	Transaction ID: C414232
Sioux Falls	SD 57117-5039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Sioux Valley Health Syste- ms	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SURTOTAL of Receipts This Page (entire	nal)	1330.00

TOTAL This Period (last page this line number only)

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 34 (check only one) X 11a
or for commer	on copied from such Reports and S roial purposes, other than using the COMMITTEE (In Full) n Academy of Family Physicia	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	(Last, First, Middle Initial) Herman, MD dress 1616 N 58th St	State NE	Zip Code 68104-4822	Date of Receipt 0 4 1 5 2 0 0 8 Transaction ID: C410540 Amount of Each Receipt this Period
Name of E Self Emplo Receipt Fo	or:	Occupation Physician Aggregate		250.00
Creston C I Mailing Ad City Mechanic FEC ID nu	dress West Shore Family Pr 6375 Mercury Dr Ste 2		Zip Code 17050-5282	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt Fo	or:	Occupatio Physician Aggregate		
Scott Doug Mailing Ad City Placentia FEC ID nu	a mber of contributing	State CA	Zip Code 92870-5031	Date of Receipt M M M O 7 0 4 Transaction ID: C408277 Amount of Each Receipt this Period 200.00
Name of E InterComn icine Asso Receipt Fo	nunity Family Med- cia or:	Occupatio Physicial		
SUBTOTAL	of Receipts This Page (optional)			700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16
	Statements may not be sold or used by any per ne name and address of any political committee	
NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political Action Committee	
Full Name (Last, First, Middle Initial) Laura C Knobel, MD		Date of Receipt
Mailing Address 3 Freedom Way	7, 0, 4	04 16 2008
City Walpole	State Zip Code MA 02081-2290	Transaction ID: C411039 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 02001-2230	365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) James Paul La Roy, MD		Date of Receipt
Mailing Address 2701 Crescent Ridge	0 4 1 8 2 0 0 8	
City	State Zip Code	Transaction ID: C411293
Minnetonka	MN 55305-2809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Richfield Medical Group	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Robert A Lee, MD		Date of Receipt
Mailing Address 5501 NW 86th St		0 4 0 8 2 0 0 8
City	State Zip Code	Transaction ID: C409526
Johnston	IA 50131-1816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer Lee and Ruisch	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	365.00	
CUPTOTAL of Descriptor This Descriptor (Assistant)		1030.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	nd Statements may not be sold or used by any person the name and address of any political committee to sicians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gary L LeRoy, MD Mailing Address 761 Kenilworth Ave City Dayton FEC ID number of contributing	State Zip Code OH 45405-4051	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) General	Occupation Physician Aggregate Year-to-Date 365.00	
Full Name (Last, First, Middle Initial) Colleen C Lyons, MD Mailing Address Aspen Family Medi- 2874 N Carson St S City Carson City		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Family Medicine Physician Aggregate Year-to-Date 700.00	700.00
Full Name (Last, First, Middle Initial) David Vincent Maruska, MD Mailing Address Fond Du Lac Reg C 420 E Division St City Fond Du Lac FEC ID number of contributing federal political committee.	State Zip Code WI 54935-4560	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 300.00	
SUBTOTAL of Receipts This Page (optional	l) >	1365.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/34 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian C Mehlhaus, MD Mailing Address 1459 Nakota PI			Date of Receipt
City Boone	State IA	Zip Code 50036-7617	Transaction ID: C410637 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer IA Health System Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Lloyd Michener, MD Mailing Address Duke University Me Box 2914	dical Ctr		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C410197
Durham FEC ID number of contributing federal political committee.	NC C	27710-0001	Amount of Each Receipt this Period 500.00
Name of Employer Duke University Medical Ctr Receipt For: Primary General Other (specify)	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Kevin P Mikus, MD			Date of Receipt
Mailing Address Conover Family Pra PO Box 1239	actice		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: C414236
Conover FEC ID number of contributing federal political committee.	C	28613-1239	Amount of Each Receipt this Period 90.91
Name of Employer Crown Health Care	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 272.73	
SUBTOTAL of Receipts This Page (optiona	d)		955.91

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	nd Statements may not be sold or used by any pers the name and address of any political committee to sicians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kathleen J Miller, MD Mailing Address S I U Decatur Fam 250 W Kenwood Av		Date of Receipt M
City	State Zip Code	Transaction ID: C411554
Decatur FEC ID number of contributing federal political committee.	IL 62526-4371	Amount of Each Receipt this Period 365.00
Name of Employer SIU School of Medicine	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Anne M Montgomery, MD Mailing Address Family Medicine Sp 104 W 5th Ave Ste		Date of Receipt 0 4 2 2 2 2 0 0 8
City	State Zip Code	Transaction ID: C414246
Spokane	WA 99204-4803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Inland Empire Hospital Se- rvices Associ	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Tomas P Owens, MD	1	Date of Receipt
Mailing Address Associate Director 3500 NW 56th St S	ete 100	04 24 2008
City	State Zip Code	Transaction ID: C415514
Oklahoma City FEC ID number of contributing federal political committee.	OK 73112-4517	Amount of Each Receipt this Period 365.00
Name of Employer Great Plains Family Medic- ine	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional		930.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/34 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physical Properties of the Communication of the C	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Brian Robert Penti, MD Mailing Address 309 Allston St Apt 6			Date of Receipt
City Brighton	State MA	Zip Code 02135-7629	Transaction ID: C410015 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Boston Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		
Full Name (Last, First, Middle Initial) Karla Graue Pratt Mailing Address Executive Vice Pres 1050 140th Ave NE			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C414400
Bellevue	WA	98005-2972	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Washington Academy of Fam- ily Physician		e Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Cynthia M Ripsin, MD	l		Date of Receipt
Mailing Address 13614 Windlass Cir			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: C415492
Galveston	TX	77554-6457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer University of Texas Medic- al Branch Receipt For:	Occupation Physicia	n	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			1030.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate for each categ Detailed Sumr	ory of the	FOR LINE NUMBER: PAGE 18/34 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)			
American Academy of Family Phy Full Name (Last, First, Middle Initial)	Sicians Political Action Commi	tee	Data of Descript
Russell G Robertson, MD Mailing Address Northwestern Univ 990 N. Lake Shor	e Dr		Date of Receipt O 4 O 4 O 0 8
City <u>Chicago</u>	State Zip Code IL 60611-3006		Transaction ID: C416630 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Northwestern University	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	300.00	
Full Name (Last, First, Middle Initial) Susan J Robertson, MD			Date of Receipt
Mailing Address 1420 W Midway B	lvd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: C411045
Broomfield	CO 80020-2090		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Broomfield Family Practice	Occupation Physician		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) David Ruiz, MD			Date of Receipt
Mailing Address 107 Valley View D	rive		04 22 2008
City	State Zip Code CA 93449-3403		Transaction ID: C414426
Pismo Beach FEC ID number of contributing federal political committee.	CA 93449-3403	1	Amount of Each Receipt this Period 365.00
Name of Employer Arroyo Medical Group, Inc.	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	365.00	
SUBTOTAL of Receipts This Page (option	al)		1030.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 34 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to	
American Academy of Family Physic	ians Political Action Committee	
Full Name (Last, First, Middle Initial) Alan I Schwartzstein, MD		Date of Receipt
Mailing Address 753 N Main St	Chata 7:n Coala	04 16 2008
City <u>Oregon</u>	State Zip Code WI 53575-1003	Transaction ID: C411069 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 33373-1003	365.00
Name of Employer Dean Health System	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Michael Sevilla, MD		Date of Receipt
Mailing Address Family Practice Ctr o 2370 Southeast Blvd		04 16 2008
City	State Zip Code	Transaction ID: C411051
Salem FEC ID number of contributing federal political committee.	OH 44460-3498	Amount of Each Receipt this Period 365.00
Name of Employer Family Practice Center of Salem	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Jean Sinkoff, MD	1	Date of Receipt
Mailing Address 24311 Majestic St		0 4 1 1 2 0 0 8
City Oak Park	State Zip Code MI 48237-1794	Transaction ID: C410029 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		980.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma le name and ad	ly not be sold or used by any persidress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political	Action Committee	
Δ.	Full Name (Last, First, Middle Initial) Albert L Smith, MD			Date of Receipt
	Mailing Address 165 S 6th St	Chaha	7:o O a da	04 18 2008
	City Raymondville	State TX	Zip Code 78580-3521	Transaction ID: C411552 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	76300-3321	500.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) Joseph Douglas Smith, MD	<u> </u>		Date of Receipt
	Mailing Address Rockingham Family F 1751 Erickson Ave			04 07 2008
	City Harrisonburg	State VA	Zip Code	Transaction ID: C408274
	FEC ID number of contributing federal political committee.	C	22801-8555	Amount of Each Receipt this Period 365.00
	Name of Employer Rockingham Family Physici- ans	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
С. С.	Full Name (Last, First, Middle Initial) Glen R Stream, MD			Date of Receipt
	Mailing Address 14408 E Sprague Ave	Э		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C414294
	Spokane	WA	99216-2167	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		165.00
	Name of Employer Rockwood Clinic	Occupation Physicia	ın	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	
	SUBTOTAL of Receipts This Page (optional)			1030.00
f	TOTAL This Period (last page this line numbe			

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	d Statements may not be sold or used by any persithe name and address of any political committee to icians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard H Streiffer, MD Mailing Address Tulane Unv Fam Co		Date of Receipt
1430 Tulane Ave #	TB3 State Zip Code	04 16 2008
City New Orleans	LA 70112-2632	Transaction ID: C411063 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Tulane Unviersity	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Jay Patrick Taylor, MD Mailing Address 6097 Sanctuary Ga	rden Blvd	Date of Receipt
-	7: 0 1	04 15 2008
City Port Orange	State Zip Code FL 32128-7229	Transaction ID: C410634
FEC ID number of contributing federal political committee.	FL 32128-7229	Amount of Each Receipt this Period 365.00
Name of Employer Emergency Medicine Profes- sionals	Occupation Physicians	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dennis Russell Thomas, MD		Date of Receipt
Mailing Address 3374 Greystone Wa	ay	0 4 1 5 Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C410547
Valdosta	GA 31605-1096	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	980.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 34 (check only one) X 11a
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	
American Academy of Family Physi Full Name (Last, First, Middle Initial)	cians Political Action Committee	
Nelson C Walker, MD Mailing Address 34 Professional Park	∢ Rd	Date of Receipt
City	State Zip Code	0 4 2 4 2 0 0 8 Transaction ID: C415508
Storrs Mansfield	CT 06268-1659	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Randell K Wexler, MD		Date of Receipt
Mailing Address 6040 Haybury Drive		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: C416548
new albany	OH 43054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	562.50
Name of Employer The Ohio State University	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1062.50	
Full Name (Last, First, Middle Initial) David P Wright, MD		Date of Receipt
Mailing Address 1313 Red River St S	Ste 100	04 11 2008
City Austin	State Zip Code TX 78701-1923	Transaction ID: C410005 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Seton Hospital	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
	<u> </u>	1292.50
SUBTOTAL of Receipts This Page (optional))	1292.50

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 34 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	by not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physicia	ans Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt
	Mailing Address 11400 Tomahawk Cre	ek Pkwy		04 07 YYYY 2008
	City	State	Zip Code	Transaction ID: C409369
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.11
	Name of Employer	Occupatio	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2269.96	
– В.	Full Name (Last, First, Middle Initial) American Academy of Family Physicians			Date of Receipt
	Mailing Address 11400 Tomahawk Cre	ek Pkwy		0 4 2 4 2 0 0 8
	City	State	Zip Code	Transaction ID: C416114
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		613.73
	Name of Employer	Occupatio	on	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2269.96	

SUBTOTAL of Receipts This Page (optional)	•	963.84
TOTAL This Period (last page this line number only)	•	963.84

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SCHEDULE B (FEC Form 3X)	Use separate	e schedule(s)		FOR LIN		R:			PA	GE	24 / 3	34
ITEMIZED DISBURSEMENTS	for each cate Detailed Sun	gory of the	1 -	(check c X 21b 27	22 28a	$\boldsymbol{\sqcup}$	23 28b	_	.4 .8c	П	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				ny perso	the pu	rpos	e of s	olicitin	g cc		outions	
NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	Political Action	n Committee										
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							sburs	: D61 ement	299		0 Ŏ 8	3 Y
		p Code 5072-3852			Amou	nt of	Each	Disbu	ırse	men	t this F	Period
Purpose of Disbursement Bank card processing fee Candidate Name				egory/						•	27.9	0
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (specify	General ▼		уре								
Full Name (Last, First, Middle Initial) American Express							sburs	: D61 ement	300		0 ŏ 0	Y
Mailing Address PO Box 53852 City	State Zi	p Code				nt of			ırseı		t this F	
		5072-3852			7 11100		Luon					-
Purpose of Disbursement Bank card processing fee											10.8	5
Candidate Name				egory/ ype								
Senate President	ment For: Primary Other (specify	General ▼										
State: District: Full Name (Last, First, Middle Initial)												
American Express							sburs	ement	301		. V.	V
Mailing Address PO Box 53852					0 4	IVI /		7 7	Ľ	2	0 0 8	3
		p Code 5072-3852			Amou	nt of	Each	Disbu	ırse	men	t this F	Period
Purpose of Disbursement Bank card processing fee		ľ									1.2	4
Candidate Name		- I		egory/ ype								
Office Sought: House Disburse Senate President	ment For: Primary Other (specify	General) ▼		-								
State: District:		· 										
SUBTOTAL of Disbursements This Page (optional) .				▶						_	39.9	9

TOTAL This Period (last page this line number only)

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CHEDULE B (FEC Form 3X)	Use separate schedule(s)				UMBER:	PAGE 25/34						
EMIZED DISBURSEMENTS	for each category of the	l È	neck o	nly o	ne) 22 Г	ا م		24	25	☐ 26		
	Detailed Summary Page	X	27	Н	28a –	23 28b	\vdash	24 28c	Н	29	$oldsymbol{\sqcup}$:0 30b
y Information copied from such Reports and Stater	ments may not be sold or used	by any	persor	n for	the purp	ose of s	solici	ting co	ontrib	utions		_
for commercial purposes, other than using the nam	e and address of any political	commit	tee to	solici	t contribu	utions f	rom	such (comm	ittee		_
NAME OF COMMITTEE (In Full)												
American Academy of Family Physicians	Political Action Committe	e 										
Full Name (Last, First, Middle Initial)					Transac				2			
American Express					Date of	Disburs	eme	ent •	v v	V	V	
Mailing Address PO Box 53852					0 4		11	Ľ	2	0 ŏ 8		
City	State Zip Code				Amount	of Eac	h Dis	burse	ement	this F	eriod	
Phoenix Dispusse of Dishusement	AZ 85072-3852									20.3	4	1
Purpose of Disbursement Bank card processing fee					-	-		-	-	_0.0	•	1
Candidate Name		Categ	•									
Office Sought: House Disburs	ement For:	ı yp										
Senate	Primary General											
President	Other (specify)											
State: District:												_
Full Name (Last, First, Middle Initial) American Express					Transac Date of				3			
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Mailing Address PO Box 53852					0 4		1 4	L	2	0 ŏ 8		
City	State Zip Code				Amount	of Eacl	h Dis	burse	ement	this F	eriod	
Phoenix Purpose of Disbursement	AZ 85072-3852			-	,					11.3	2	1
Bank card processing fee							•				-	1
Candidate Name		Categ	-									
	ement For:											
Senate	Primary General											
State: President State:	Other (specify) ▼											
Full Name (Last, First, Middle Initial)					Transac	tion IF	. D	21205				_
American Express					Date of	Disburs	seme			V	V	
Mailing Address PO Box 53852					0 4	/ D	16		Ž	0 ŏ 8	Ť	
City	State Zip Code				Amount	of Eac	h Dis	burse	ement	this F	eriod	
Phoenix	AZ 85072-3852								-	9.3	n	1
Purpose of Disbursement Bank card processing fee		·							-	اد.ت	9	_
Candidate Name		Categ	jory/									
		Тур										
Office Sought: House Disburs. Senate	ement For: Primary General											
President	Other (specify)											
State: District:												
UBTOTAL of Disbursements This Page (optional)			<u> </u>	•						40.9	6	
OTAL This Period (last page this line number only			•									1
AN026	<i>j</i> ······				FFC	Sched			030	/ E		<u>_</u>

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 26/34
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten			
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political c	committee to soil	cit contributions from such committee
American Academy of Family Physicians	Political Action Committee)	
Full Name (Last, First, Middle Initial)			Transaction ID: D61306
American Express			Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} 0 & 4 & M & M & M & M & M & M & M & M & M$
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			7.75
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D61307 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} Y & Y & Y & Y \\ D & D & N \end{bmatrix} $
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement			14.42
Bank card processing fee Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	.,,,,,	
Full Name (Last, First, Middle Initial)			Transaction ID: D61308
American Express			Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & N & N \end{smallmatrix} \end{bmatrix}$
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			9.30
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼	1,700	
State: District:	• • • • • •		
SUBTOTAL of Disbursements This Page (optional)			31.47

TOTAL This Period (last page this line number only)

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ago# 2000 1020021			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the	(check only	
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any person fo	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Academy of Family Physicians F	Political Action Committee)	
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D61309 Date of Disbursement
<u> </u>			M M / D D / Y Y Y Y
Mailing Address PO Box 53852			0 4 2 8 2 0 0 8
,	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement	7.12 00072 0002		4.19
Bank card processing fee		0.1	
Candidate Name		Category/ Type	
	ment For:		
Senate President	Primary General Other (specify) ▼		
State: District:	Other (appears)		
Full Name (Last, First, Middle Initial)			Transaction ID: D61405
Bank Of America Merchant Services			Date of Disbursement
Mailing Address WA2-505-01-40			$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
PO Box 2485			
,	State Zip Code WA 99210-2485		Amount of Each Disbursement this Period
Purpose of Disbursement	33210 2403		5.00
Bank fee - returned item			
Candidate Name		Category/ Type	
Office Sought: House Disburse	ment For: Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			Transaction ID: D61406
Bank Of America Merchant Services			Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485			04
	State Zip Code WA 99210-2485		Amount of Each Disbursement this Period
Purpose of Disbursement			34.65
Bank processing fee			
Candidate Name		Category/ Type	
Office Sought: House Disburse	ment For:		
Senate	Primary General		
President State: District:	Other (specify)		
			43.84
SUBTOTAL of Disbursements This Page (optional) .		<u> </u>	70.07

TOTAL This Period (last page this line number only)

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President

District:

age# 20991020320										
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		INE NUMBER: PAGE 28 / 34 only one)							
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b			
Any Information copied from such Reports and State or for commercial purposes, other than using the nar										
NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political Action Committee	e								
Full Name (Last, First, Middle Initial) Bank Of America Merchant Services				ion ID: De						
Mailing Address WA2-505-01-40 PO Box 2485			04	01	/ Y 2	8008				
City Spokane	State Zip Code WA 99210-2485		Amount o	of Each Dis		t this Perio	d			
Purpose of Disbursement Bank card processing fee			<u> </u>			424.48				
Candidate Name		Category/ Type								
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼									
Full Name (Last, First, Middle Initial) Discover Network				ion ID: De	ent					
Mailing Address P O Box 52145			0 4	0 2		008				
City Phoenix	State Zip Code AZ 85072-2145		Amount o	of Each Dis	sbursemer	t this Period	d			
Purpose of Disbursement Bank card processing fee						46.92				
Candidate Name		Category/ Type								
Office Sought: House Disburs Senate	sement For: Primary General									

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	471.40
TOTAL This Period (last page this line number only)	•	627.66

Other (specify)

State:

Transaction ID: D60961 Date Disbursement Full Name (Last. First. Middle Initial) Andy Harris for Congress Mailing Address PO Box 1527 City Caraging contribution Candidate Name Office Sought: Full Name (Last. First. Middle Initial) Cangaign contribution Candidate Name Dr. John C Pleming Dr. John P McGoff Cardsqory Type Dr. John P McGoff Colicide Sought: X House Senate President State: LA District: 01 Disbursement Campaign contribution Candidate Name Dr. John C Pleming Dr. John C Pleming Dr. John C Pleming Dr. John C Pleming Dr. John P McGoff Condidate Name Dr. John C Pleming Dr. John C Pleming Dr. John P McGoff Condidate Name Dr. John P McGoff Colicide Sought: X House Senate President Candidate Name Dr. John P McGoff Colicide Cought: X House Senate President Candidate Name Dr. John P McGoff Colicide Cought: X House Senate President Candidate Name Dr. John P McGoff Colicide Cought: X House Senate President Candidate Name Dr. John P McGoff Colicide Cought: X House Senate President Candidate Name Dr. John P McGoff Colicide Cought: X House Senate President Condidate Name Dr. John P McGoff Colicide Cought: X House Senate President Condidate Name Dr. John P McGoff Colicide Cought: X House Senate President Condidate Name Dr. John P McGoff Colicide Cought: X House Senate President Condidate Name Dr. John P McGoff Colicide Cought: X House Senate President Condidate Name Dr. John P McGoff Colicide Cought: X House Senate President Colicide Cought Disbursement For: Category Type Category Type Category Type A	CHEDULE B (FEC Form 3X)		arate schedule(s)			R LINI eck on		UMBE ne)	R:				PAGE	29 /	34
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Andy Harris for Congress Mailing Address PO Box 1527 City State Zip Code Annapolis MD 21404-1527 Purpose of Disbursement Campaign contribution Cardidate Name District: 01 Full Name (Last, First, Middle Initial) Floming for Congress Mailing Address PO Box 1236 City State Zip Code Primary X General Other (specify) ▼ Transaction ID: D60969 Date of Disbursement this Peri Disbursement Campaign contribution Cardidate Name District: 01 Full Name (Last, First, Middle Initial) Floming for Congress Mailing Address PO Box 1236 City State Zip Code LA 71058-1236 Purpose of Disbursement Campaign contribution Candidate Name Dr. John C Fleming Dr. John C Fleming City State Zip Code Category/ Type Category/ Type Dr. John C Fleming City State Zip Code Candidate Name Dr. John C Fleming Mailing Address PO Box 44003 City State Zip Code Candidate Name Dr. John C Fleming Mailing Address PO Box 44003 City State Zip Code IN 46244-0003 Full Name (Last, First, Middle Initial) Mailing Address PO Box 44003 City State Zip Code IN 46244-0003 Full Name (Last, First, Middle Initial) Mailing Address PO Box 44003 City State Zip Code IN 46244-0003 Full Name (Last, First, Middle Initial) Mailing Address PO Box 44003 City State Zip Code IN 46244-0003 Full Name (Last, First, Middle Initial) Mailing Address PO Box 44003 City State Zip Code IN 46244-0003 Furpose of Disbursement Canpaign contribution Cardidate Name Dr. John C Fleming Category/ Type Other (specify) ▼	EMIZED DISBURSEMENTS					21b	$\prod_{i=1}^{n}$	22	X			_			
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 28c 29
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Full Name (Last, First, Middle Initial) National Republican Senatorial Committ Mailing Address 425 2nd St NE	ee		Transaction ID: Date of Disbursen	nent
City Washington Purpose of Disbursement Campaign contribution Candidate Name	State Zip Code DC 20002-4914	Category/	Amount of Each D	isbursement this Perion 15000.00
Senate President State: District:	rsement For: Primary General Other (specify)	Туре		
Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR MD FOR CC Mailing Address Post Office Box 80126	NGRESS INC		Transaction ID: E Date of Disbursen M M / D 1 C	nent
City Lafayette Purpose of Disbursement Campaign contribution Candidate Name Rep. Charles W. Boustany, Jr. Office Sought: X House Senate President	State Zip Code LA 70598 rsement For: 2008 X Primary General Other (specify)	Category/ Type	Amount of Each D	1000.00
State: LA District: 07 Full Name (Last, First, Middle Initial) CHRISTOPHER SHAYS FOR CONGRE Mailing Address 98 East Avenue Rear I			Transaction ID: Date of Disbursen	nent
City Norwalk Purpose of Disbursement Campaign contribution Candidate Name Rep. Christopher Shays Office Sought: X House Senate	State Zip Code CT 06851 rsement For: 2008 X Primary General	Category/ Type	Amount of Each D	2500.00
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_	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	je	21b 27	22 X 23 24 25 28 28b 28c 29
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\rangle	NAME OF COMMITTEE (In Full) American Academy of Family Physicians				
<u>′ </u>	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTE	 EE			Transaction ID: D60874 Date of Disbursement
	Mailing Address P.O. Box 8331				04
	City Fremont	State Zip Code CA 94537			Amount of Each Disbursement this Perio
	Purpose of Disbursement Campaign contribution				5000.00
	Candidate Name Rep. Fortney H. Stark	0000		ategory/ Type	-
	Senate President	sement For: 2008 Primary X Gener Other (specify) ▼	al		
	State: CA District: 13 Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS				Transaction ID: D61220 Date of Disbursement
	Mailing Address P.O. BOX 5130				04
	City EVANSTON	State Zip Code IL 60204			Amount of Each Disbursement this Perio
	Purpose of Disbursement				2500.00
	Campaign contribution		⊣ ∟		
	Campaign contribution Candidate Name Rep. Janice D. Schakowsky			ategory/ Type	
	Candidate Name Rep. Janice D. Schakowsky	sement For: 2008 Primary X Gener Other (specify)			_
	Candidate Name Rep. Janice D. Schakowsky Office Sought: X House Senate President Disburs	Primary X Gener			Transaction ID: D60871 Date of Disbursement
	Candidate Name Rep. Janice D. Schakowsky Office Sought: X House Senate President State: IL District: 09 Full Name (Last, First, Middle Initial)	Primary X Gener Other (specify) ▼			
	Candidate Name Rep. Janice D. Schakowsky Office Sought: X House Senate President State: IL District: 09 Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS INC	Primary X Gener Other (specify) ▼			Date of Disbursement O 4 D D D V Y Y Y O N 8 Amount of Each Disbursement this Perio
	Candidate Name Rep. Janice D. Schakowsky Office Sought: X House Senate President State: IL District: 09 Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS INC Mailing Address Post Office Box 470840 City Tulsa Purpose of Disbursement Campaign contribution	Primary X Gener Other (specify) ▼ State Zip Code	al	Туре	Date of Disbursement O 4 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Candidate Name Rep. Janice D. Schakowsky Office Sought: X House Senate President State: IL District: 09 Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS INC Mailing Address Post Office Box 470840 City Tulsa Purpose of Disbursement	Primary X Gener Other (specify) ▼ State Zip Code	al		Date of Disbursement O 4 D D D V Y Y Y O N 8 Amount of Each Disbursement this Perio
	Candidate Name Rep. Janice D. Schakowsky Office Sought: X House Senate President State: IL District: 09 Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS INC Mailing Address Post Office Box 470840 City Tulsa Purpose of Disbursement Campaign contribution Candidate Name Rep. John Sullivan Office Sought: X House Disburs	Primary X Gener Other (specify) ▼ State Zip Code	al	Type ategory/	Date of Disbursement O 4 D D D D Y Y Y Y O Y 8 Amount of Each Disbursement this Perior

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$ \rangle$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political Action Committee			
	Full Name (Last, First, Middle Initial) NATHAN DEAL FOR CONGRESS			Transaction ID: D60872 Date of Disbursement	
	Mailing Address PO BOX 902 PO BOX 902			04 10 7 2008	
	City GAINESVILLE	State Zip Code GA 30503		Amount of Each Disbursement this P	-
	Purpose of Disbursement Campaign contribution	[2500.00)
	Candidate Name Rep. Nathan Deal		Category/ Type	y/ 	
	Senate President	ement For: 2008 Primary General Other (specify)			
	State: GA District: 09 Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS			Transaction ID: D61219 Date of Disbursement	
	Mailing Address P.O. Box 116			04 4 28 7 2008	Y
	City Hyattsville	State Zip Code MD 20781		Amount of Each Disbursement this P	
	Purpose of Disbursement Campaign contribution	[1000.00)
	Candidate Name Rep. Xavier Becerra		Category/ Type	y/ 	
	X	ement For: 2008 Primary General Other (specify)			
	Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH			Transaction ID: D61218 Date of Disbursement	
	Mailing Address 228 S WASHINGTON S	STE 115		04 4 28 7 2008	Y
	City ALEXANDRIA	State Zip Code VA 22314		Amount of Each Disbursement this P	-
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	Candidate Name Sen. Gordon Smith		Category/ Type	y/	
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NAME OF COMMITTEE (In Full) American Academy of Family Physicians			
Full Name (Last, First, Middle Initial) JOHN KERRY FOR SENATE			Transaction ID: D61239 Date of Disbursement
Mailing Address 10 G St NE Ste 710			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Washington	State Zip Code DC 20002-4288		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution		2111111	2500.00
Candidate Name Sen. John F. Kerry Office Sought: House Disburs	ement For: 2008	Category/ Type	
X Senate President	Primary X General Other (specify)		
State: MA District: 00 Full Name (Last, First, Middle Initial) PAT ROBERTS FOR SENATE			Transaction ID: D60866 Date of Disbursement
Mailing Address PO BOX 433			0 4 M / D D / Y Y O O 8
City GREAT BEND	State Zip Code KS 67530		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution			5000.00
Candidate Name Sen. Pat Roberts		Category/ Type	
	ement For: 2008 ☐ Primary ☐ General ☐ Other (specify) ▼		
Full Name (Last, First, Middle Initial) TIM JOHNSON FOR SOUTH DAKOTA IN	NC		Transaction ID: D60873 Date of Disbursement
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City SIOUX FALLS	State Zip Code SD 57101		Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign contribution			1500.00
Candidate Name Sen. Tim Johnson		Category/ Type	
X Senate X President	ement For: 2008 Primary General Other (specify)		
State: SD District: 00			
SUBTOTAL of Disbursements This Page (optional)		>	9000.00
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Transaction ID: C416114	
Form/Schedule: SA15	Permissible reimbursement from connected organization for bank/credit card processing fees.
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